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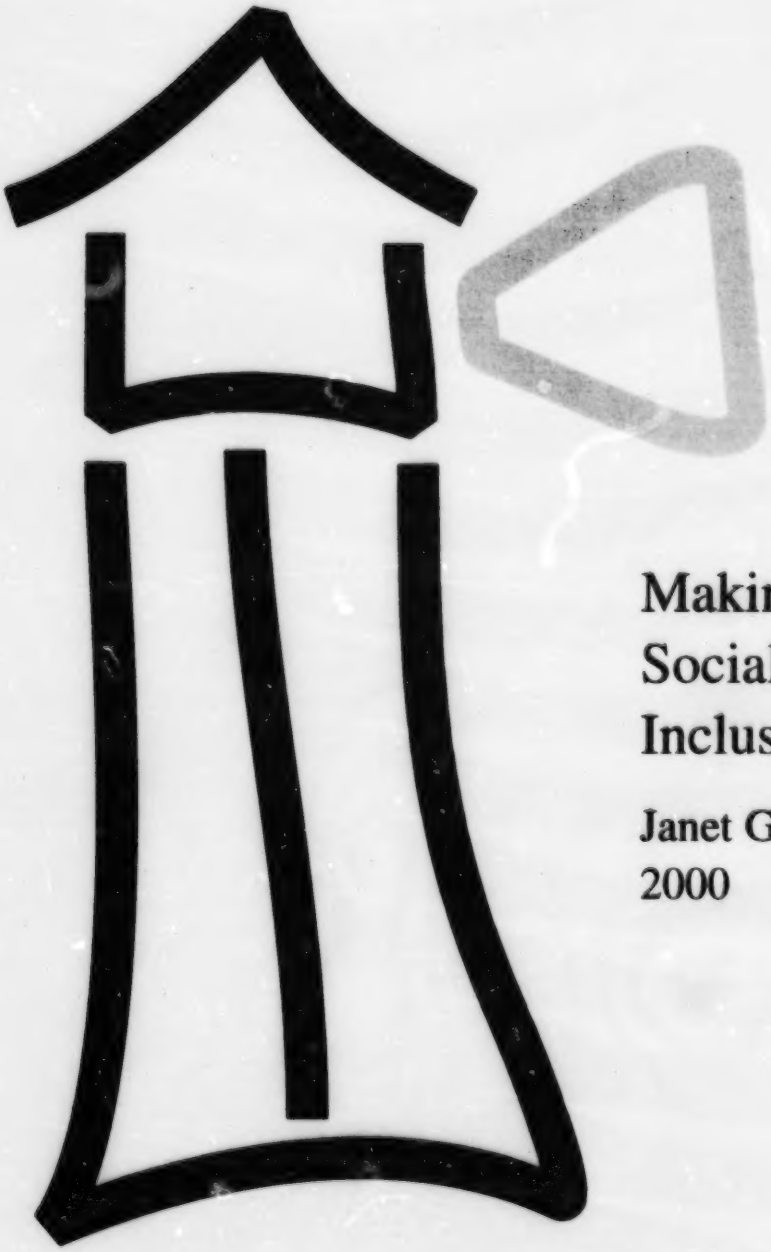

Making the Case for Social and Economic Inclusion

Janet Guildford
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Canada

Making the Case for Social and Economic Inclusion

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EXECUTIVE SUMMARY

The terms "social inclusion" and "social exclusion" are cropping up more and more often in policy discussions in Atlantic Canada and in the rest of the country. This paper provides an historical overview of the development of social inclusion policy in Europe, where a strong commitment to a renewal of social programs has been at the heart of the economic recovery. The paper also discusses how the lessons of the European experience might be useful in Canada, and especially in Atlantic Canada. Because of its commitment to the population health approach, Health Canada and the Population and Public Health Branch (PPHB) are well positioned to play a strong leadership role in developing healthy social policy that promotes social and economic inclusion.

WHAT IS SOCIAL AND ECONOMIC INCLUSION?

The word "inclusion" has an everyday meaning for most of us. To be included is to be accepted and to be able to participate fully within our families, our communities and our society. Those who are excluded, whether because of poverty, ill-health, gender, race, or lack of education, do not have the opportunity for full participation in the economic and social benefits of society. Exclusion describes the condition many people face, but it also helps us to analyse and understand the *processes* by which social and economic exclusion occurs and is maintained.[1] The United Kingdom Liaison Committee to the European Anti-Poverty Network describes the impact of social exclusion bluntly, as "a forced exclusion from power."[2] Partnership, innovation and leadership are the key ingredients in developing effective policies to combat social exclusion and promote social inclusion.

SOCIAL INCLUSION POLICY IN EUROPE

The concept of social inclusion developed as a response to the crisis in health and welfare programs in Europe in the 1970s and 1980s. In the period from World War II to the mid-1970s, most European governments developed comprehensive health and social insurance programs to protect their citizens.[3] In the mid-1970s, the post-war boom faltered as economic growth slowed and unemployment rose.[4] Fiscal restraint and cutbacks, the first solution developed by most European governments, proved unpopular and did not address the underlying causes of the problem. A new solution was needed.

The term "social exclusion" was first used in policy debates in France in the 1970s. Although France had developed one of the most comprehensive and generous welfare states in Europe by this time, many people lived outside its protection.[5] It was not until the late 1980s, however, that France adopted its first social inclusion policy, an income

support program designed to help recipients find a place in French society through work or training.

In the 1980s, when the European Community (EC) faced the challenge of developing an approach to social policy that would be acceptable to all its member states, it turned to the concept of social inclusion. In 1989, the European Commission responsible for Employment and Social Affairs launched its first social inclusion program, the Medium-term Community Action Programme to Foster Social and Economic Integration of the Least Privileged, popularly called Poverty 3. Poverty 3 supported 29 innovative local model projects across the EC. Among the criteria for support was a partnership of local organizations to oversee each project.

In 1997, the government of the United Kingdom followed suit and created its Social Exclusion Unit, under the personal leadership of Prime Minister Tony Blair. Social inclusion programs were also created in Scotland and Northern Ireland, reflecting the importance of local knowledge and community partnerships in combatting social exclusion.

WHAT CAN WE LEARN FROM THE EUROPEAN EXPERIENCE?

In Canada and in Atlantic Canada we are living with the consequences of economic restructuring in a social policy context of fiscal restraint. The European experience offers some hopeful new directions to counter the erosion of national programs that address regional disparity. First, there is a need to raise the public profile of the costs and problems associated with social exclusion, including the very high costs associated with poor health. Equally important is the need to create alliances and partnerships. The concept of social inclusion offered Europeans a new way to think about the problems of economic development and social policy and has underscored the importance of addressing the problems in tandem. Finally, social and economic inclusion brought a diversity of groups, including governments, business, labour and community groups, to the policy development process.

A LEADERSHIP ROLE FOR HEALTH CANADA

Health Canada's commitment to population health places it in a strategic position to offer valuable leadership in developing healthy social policy that promotes social inclusion. Health Canada, and especially its Population and Public Health Branch, has extensive experience in building the relationships necessary to realize the potential of this approach. The social inclusion approach has challenged Europe to develop innovative and effective new policies. Health Canada is well placed to take up that challenge in Canada.

INTRODUCTION

The terms "social inclusion" and "social exclusion" are cropping up more and more often in policy discussions in Atlantic Canada and in the rest of the country. Social inclusion has, for example, become a central theme in the work of the Maritime Centre of Excellence for Women's Health. Reflecting the vital importance of partnerships and collaboration to social inclusion work, this paper is intended for all those interested in social policy, including people working at all levels of government and those who work with community organizations. It provides an introduction to the development of policies and programs to combat poverty and social exclusion in Europe in the past decade. It also offers some analysis of the potential of the concept to assist in the development of healthy social policy in the region and nationally. A strong commitment to maintaining and strengthening the European social model has been at the heart of Europe's dramatic economic recovery, a fact that will not be lost on the people of Atlantic Canada.

WHAT IS SOCIAL AND ECONOMIC INCLUSION?

The term "inclusion" has an everyday meaning for most of us. To be included is to be accepted and to be able to participate fully within our families, our communities and our society. Those who are excluded, whether because of poverty, ill-health, gender, race, or lack of education, do not have the opportunity for full participation in the economic and social benefits of society. Simply put, exclusion is the problem; inclusion is the solution. However, because people who are excluded suffer both social and economic consequences, we have adopted the term "social and economic inclusion" to describe this approach to policy. In Europe, several slightly different terms are in use. In France, in the United Kingdom, and in the work of the European Union, the term "social exclusion" is used most often. The European Anti-Poverty Network stresses the economic factor by consistently referring to "poverty and social exclusion." In Scotland, at the urging of the Scottish Social Inclusion Network, the term employed is "social inclusion," which puts the emphasis on the solution to the problem. Although different terms are used, a common understanding of the concept has emerged. The definition offered by British Prime Minister Tony Blair provides a good starting point:

> Social exclusion is about income but it is about more. It is about prospects and networks and life-chances. It's a very modern problem, and one that is more harmful to the individual, more damaging to self-esteem, more corrosive for society as a whole, more likely to be passed down from generation to generation, than material poverty.[6]

The World Bank takes a similar approach in its recently released *World Development Report 2000/2001: Attacking Poverty*. The *Report* insists on the need to address people's

health and educational needs along with the problem of low income.[7]

Social exclusion occurs in many different settings and affects many groups of people: street children, former prisoners, single parents, ethnic minorities, and more. It can occur as a result of an equally wide variety of factors, including unemployment, poor health, or a lack of education or affordable housing. One of the most useful things about the concepts of social exclusion and social inclusion is that the help us to analyse and change the *process* by which social exclusion occurs and is maintained. They help us to understand why some people and some groups are excluded from economic and social life and from their share of the general prosperity.[8]

Partnership, innovation and leadership are the key ingredients in developing effective policies to combat social and economic exclusion and promote social and economic inclusion. In Europe new partnerships have been forged across departmental lines within governments, and have been extended to include the private sector, labour and community organizations at the local and national level. A good example of this kind of partnership is the Scottish Social Inclusion Network, which brings together a broad cross-section of people concerned with the development of social inclusion policy – from national and local governments, and community organizations and agencies – to identify problems and develop solutions.

The new partnerships take an inclusive approach to the policy process as well as to the policies they develop. They also foster creativity and innovation because they bring people together in new ways. For example, women in a remote Swedish village fought to save local services by building new houses in the community. As they hoped, the new houses attracted people to the village, thus increasing the local population enough to ensure the survival of vital community services. Communities in rural Ireland have developed multi-purpose centres to promote education, culture and economic development.[9] In the United Kingdom, the Social Exclusion Unit spent the summer of 2000 working to develop a strategy for disadvantaged urban neighbourhoods.[10] As these examples suggest, the concept of social inclusion has proved highly adaptable to very diverse cultural and political situations. This is because local problems are addressed by broad local partnerships.

Finally, it is important to recognize that policies to promote social and economic inclusion are most effective where there is strong leadership at the highest levels of government. Prime Minister Tony Blair's personal commitment to the work of the British Social Exclusion Unit was noted by outside reviewers as an important element in the success of the Unit during its first two years of operation. His leadership has raised public awareness of the problem of social exclusion and has also attracted the support of other talented leaders among both elected politicians and the civil service.[11]

THE ROLE OF HEALTH CANADA IN PROMOTING SOCIAL INCLUSION

Because of its work in the area of population health, Health Canada is in an excellent position to provide strong leadership in developing policy to promote social and economic inclusion. The population health approach was officially endorsed by the Federal, Provincial and Territorial Ministers of Health in 1994 in the report *Strategies for Population Health: Investing in the Health of Canadians*. The overall goal of a population health approach is to maintain and improve the health of the entire population and to reduce inequities in health between population groups. In this approach, the entire range of known factors and conditions that determine population health status – and the interactions among them – are taken into account in planning action to improve health. Many of these factors are outside the health care system. These "determinants of health" include income and social status, social support networks, education, employment and working conditions, physical environments, social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture. A population health approach offers a way of taking action on the determinants, emphasizing as it does the need to work with other sectors to ensure that the collective policy environment supports health.[12] The fit between this approach and the concept of social inclusion is a very good one. Population health relies on the development of healthy public policy to achieve its goals. Social and economic inclusion provides an umbrella that covers all 12 determinants of health. Both approaches emphasize the importance of engaging partners from all sectors and of considering the ways in which the determinants of health interact.

The spiralling costs associated with poor health status and the increasing poverty and economic inequality in Canada add urgency to the need for effective leadership from Health Canada. Dennis Raphael provides compelling statistical evidence that people in Canada are getting poorer. Since income is a determinant of health this is a very serious problem. During the 1980s the real income (i.e., income adjusted to reflect inflation) of most Canadians decreased. In 1995 average male earnings were $31,917, down from a high of $33,458 in 1980. Average income dropped 4% for husband and wife families and a worrying 8% among one-parent families. By 1996, the poverty rate in Canada had risen to 18%, and child poverty reached a 17-year peak of 21%.[13]

But not all Canadians were becoming poorer. Raphael also points out that economic inequality has increased. Indeed, the gap between the richest and the poorest families in Canada widened dramatically during the last two decades of the twentieth century.[14] International evidence has established that economic inequality is a determinant of health. The wider the gap, the poorer the health status of the population.

These changes in the economic status of Canadians have prompted Raphael to add his voice to those calling for broader partnerships and alliances in addressing the problem.[15] Health Canada, through its Population and Public Health Branch, can offer effective

leadership in bringing together government departments and communities to develop health policy.

MAKING THE CASE FOR SOCIAL AND ECONOMIC INCLUSION IN ATLANTIC CANADA

This paper begins with a brief discussion of the historical context that gave rise to the formulation of a new approach to healthy public policy in Europe. It traces the evolution of the concept of social and economic exclusion in political discourse and policy debates in France, in the United Kingdom and in European Community (which since the 1993 Maastricht Treaty has been known as the European Union). The paper includes the perspectives of a variety of participants in the policy process. It concludes with a discussion of social and economic conditions in Atlantic Canada, and an analysis of some of the ways in which the concepts of social and economic exclusion and inclusion can offer new insights and direction.

THE DEVELOPMENT OF SOCIAL INCLUSION POLICIES IN EUROPE

THE IMPACT OF ECONOMIC RESTRUCTURING IN EUROPE IN THE 1970s

Social inclusion developed as a response to the acute economic and social problems in Europe in the 1970s and 1980s. In the period from World War II to the mid-1970s, most countries in western Europe introduced comprehensive social welfare programs to protect citizens from predictable health and social risks over the course of their lives. These programs, which were established because there was a broad consensus among governments, business and labour, included income maintenance in the event of unemployment, old age, physical injury, illness and disability, as well as health services, education and housing. Together, the programs of the welfare state promised social and economic stability and orderly labour-management relations. The relatively sustained economic prosperity and growth in the period from 1945 to 1975 supported constant growth in government revenue and improvements in social welfare programs.[16]

In the mid-1970s the post-war boom faltered and economic growth slowed. The trend toward economic globalization produced profound economic restructuring in Europe. One of the major impacts of globalization was "structural unemployment," often referred to as the "new poverty." What was new about the new poverty was that large groups of industrial workers, formerly engaged in secure, unionized jobs with good salaries, faced long-term unemployment. A second impact was heightened ethnic and racial tensions within European societies. These problems were intensified by an aging population, high rates of youth unemployment, and spiralling health costs.[17]

As each country grappled with the new problems, the earlier consensus crumbled. Business called for restraints and cutbacks to social spending in order to reduce taxation. The labour movement, on the other hand, lobbied for continuance of the increasingly costly health and income support programs. Looking for new solutions to their economic and fiscal problems, most European governments moved to the right. Reflecting a "neo-liberal" approach, they adopted policies designed to create conditions favourable to the growth of business. They reduced support payments to the unemployed and tightened eligibility criteria. The concept of universality, in some countries, and for some programs, was replaced by programs targeted to the poor.[18] As Rogers et al. have argued:

> Fiscal crises, coupled with neo-liberal ideologies about how to achieve competitiveness in the face of globalization, have reshaped traditional welfare states away from universal provision to targeting, a process which in itself is stigmatizing and exclusionary.[19]

By the late 1980s, it had become clear that the new solutions were working neither to

reduce social spending nor to promote economic development. Higher rates of unemployment led to increasing demand on income maintenance programs, and social spending actually continued to increase. In the United Kingdom, research by the Welfare State Programme at the London School of Economics demonstrated that public expenditure on social supports increased by over a third in absolute terms between 1973 and 1988 despite significant reductions in education and public housing services.[20] The cutbacks were very unpopular. Restraint revealed the strong public support for the welfare state across Europe. New and innovative solutions were needed, solutions that could attract the support of a broad cross-section of the population.

THE FRENCH APPROACH TO SOCIAL EXCLUSION

The term "social exclusion" was first used in policy debates in France in the 1970s. Although France had developed one of the most comprehensive and generous welfare states in Europe by the 1970s, many people lived outside its protection.[21] In 1974, René Lenoir, Secretary of State for Social Action, published *Les Exclus : Un Français sur dix*, which drew attention to the large number of French citizens who were "excluded" from the benefits of the welfare state. Lenoir's focus was on the categories of people who were labelled "social problems," and were unprotected by social insurance. He argued that this exclusion was contributing to a process of social disintegration – a progressive rupture of the relationship between the individual and society.[22] Although Lenoir had named the problem, the French government did not introduce measures especially designed to combat social and economic exclusion until the late 1980s.

Economic restructuring in France caused especially severe problems in the traditional steelmaking, shipbuilding and coalmining localities. During the mid-1980s, programs were introduced to create new jobs and to provide early retirement for older workers and retraining for younger workers.[23] In 1988, a newly elected centre-right government introduced the first policy explicitly intended to combat social exclusion. It was called the *Revenue minimum d'insertion* (RMI), and it provided a guaranteed monthly income of 1800 francs to people who were willing to sign an agreement to participate in activities designed to facilitate their reintegration into the economic and civil life of their society. These activities included training and work with the private sector, government or voluntary associations. The RMI attracted a lot of attention. The labour movement and anti-poverty organizations welcomed its income provisions although the "insertion" activities have met with more mixed reviews. Perhaps not surprisingly, these activities have benefited the young and the more educated more substantially than they have older, less-educated people.[24]

The social inclusion approach has developed a broad following in France. In 1984, France adopted the population health model and has been developing new policies and programs based on the determinants of health. Combatting social exclusion is an

important part of French population health work.[25] France has developed a series of "local plans for economic insertion" to coordinate the actions and funding of many different partners. At least 50 French cities have such plans, which concentrate on the most excluded groups.[26] This collaborative approach has become the hallmark of programs to combat social exclusion.[27]

POLICIES TO COMBAT SOCIAL EXCLUSION WITHIN THE EUROPEAN UNION

In the 1980s, against a backdrop of globalization and economic restructuring, the European Community had to develop a common approach to social policy that would be acceptable to all its member states. It had to address the problems of uneven social and economic development among and within individual countries and the heightened ethnic and racial tensions created by a highly mobile labour force. The social inclusion approach offered the possibility of building the broad partnerships needed for change. Funding programs known as Structural Funds and Social Funds have supported the work, while the Social Protocol of the Maastricht Treaty and the enhanced Social Protocol and the Social Charter of the Amsterdam Treaty provide the constitutional framework for the work of developing a collective approach to social policy.

In 1989, the European Commission responsible for Employment and Social Affairs launched the Medium-term Community Action Programme to Foster Social and Economic Integration of the Least Privileged, popularly called Poverty 3, which adopted social and economic inclusion as its approach. (Two earlier programs, Poverty 1 [1975-1980] and Poverty 2 [1985-1989] had a "traditional" anti-poverty focus.) Poverty 3 asserted that deprivation is not merely a lack of material goods or money; it also excludes people from full participation in society. The 1989 program supported 29 "area-based model actions" across the EC. Among the criteria for commitment were strong support by the government of the member state in which the project was located, and a partnership of local organizations to oversee the work.[28] Once again, local partnerships were integral to the adoption of social inclusion work.

Almeida, a sparsely populated mountainous area of small farms in the northeastern part of Portugal, was the site of one of the Poverty 3 model actions. The Almeida Project designed an integrated plan for tourism development in the region. Partners from the private, public and community sectors and the regional authority developed a specific plan to promote and market tourism based on the culture, craft production, and culinary and traditional skills of the area. Another project, in Comorca Montes de Oca in Spain, addressed the out-migration and unemployment of local young people, identifying the lack of training and educational opportunities in the region as a special problem. This project developed alternative farm enterprises and new training programs in agriculture, farm management and tourism. The local partnership involved private financial

institutions, and government agencies responsible for tourism and agriculture.[29] The local partnerships, in combination with adequate funding from the European and the national government, ensured that these projects were closely focussed on the specific needs of the area.

Since the inception of Poverty 3, the language of poverty and social exclusion has infused the vigorous social policy debates in Europe. In 1990, a watchdog agency known as the Observatory was appointed to study the efforts of public authorities within the EC member states to combat exclusion.[30] In 1993, a green paper on the future of European Social Policy advocated reform of the European Social Fund. It argued that job training alone was not enough to combat social exclusion and that broader anti-exclusion programs must be eligible for support. When some governments resisted change, Padraig Flynn, the Commissioner with responsibility for Employment and Social Affairs for most of the 1990s, spoke out repeatedly on the need for action to combat exclusion, and called for multifaceted, well-coordinated policies. He stressed the need to bring together the many partners who have to be involved at all levels, and emphasized the role of trade unions, employers' organizations, and non-governmental organizations (NGOs). Consultation with NGOs, he argued, is "not altruism but plain good sense." [31]

Europe's commitment to the social inclusion approach has remained strong. "An inclusive society" was a major theme in the European Commission's Social Action Programme for 1998-2000. The strategy for developing an inclusive society consisted of encouraging a healthy society, modernizing and improving social protection, promoting social inclusion, achieving equality, and fighting discrimination. In March 2000, the European Council claimed that:

> People are Europe's main asset and should be the focal point of the Union's policies. Investing in people and developing an active and dynamic welfare state will be crucial both to Europe's place in the knowledge economy and for ensuring that the emergence of this new economy does not compound the existing social problems of unemployment, social exclusion and poverty.[32]

Anna Diamantopoulou, Flynn's replacement as the Commissioner responsible for Employment and Social Affairs, pointed out that social inclusion makes good economic sense. Her Commission estimates that social exclusion costs between 12% and 20 % of the GDP of the European Union member states. The EU regards the fight against social exclusion as a worthwhile investment and has committed 27 billion euros to the Social Fund for the period from 2000-2006.[33]

Following France's lead, the European Commission adopted a social inclusion approach to the development of a common social policy. The 29 projects across Europe supported by Poverty 3 familiarized many more people with the value of a policy approach that goes

beyond addressing material deprivation to promote social inclusion and social cohesion. Broad-based partnerships at the local level increased its appeal. The fact that social inclusion remains a key social policy approach more than a decade later is a tribute to its effectiveness and its appeal to a wide range of people concerned with the development of social policy.

SOCIAL EXCLUSION AND SOCIAL INCLUSION IN THE UNITED KINGDOM

The concept of social exclusion came to the UK through the European Commission's Poverty 3 program (1989-1994) and has been embraced by the new Labour government. In December 1997, Prime Minister Tony Blair announced the establishment of the Social Exclusion Unit (SEU) as a way to help individuals and areas that "suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health, and family breakdown." The goals of the Unit include lowering unemployment, reducing crime, improving health, and improving training and educational levels. Initially given a two-year term, the SEU has been extended until at least 2002. A review of the Unit in 1999 concluded that

> [The] SEU has had an impact far beyond the direct impact of its reports. Its influence on the socio-political agenda for debate, funding and research within government, the voluntary sector, and academia has been immense. It has made a real contribution to Ministers' thinking and policy in the areas examined.[34]

The review rated the quality of the SEU's reports as exceptional, particularly because of their basis in evidence, and praised the work for its innovation, creativity, courage, accessibility and the use of international examples. The Unit's recommendations have been accepted as sound and are being implemented. The review also noted that the Unit has had a significant impact on raising the profile of social exclusion, and pioneering a new way of working. The impetus given by the Prime Minister's personal interest was noted as especially important.[35] The SEU has also gained the more qualified support of the UK Liaison Committee to the European Anti-Poverty Network, which described the government's strategy as "comprehensive and multidimensional." [36] The Unit's budget for the 1999-2000 fiscal year was £1.8 million, a sign that combatting social exclusion is high on the government's agenda.[37]

The SEU has created new institutional mechanisms to bring people together across all levels of government, across departments, and across many sectors. Its work is directed by the Ministerial Network on Social Exclusion, sometimes chaired by the Prime Minister. Its staff was assembled from participating government departments. The Social Exclusion Unit has very wide-ranging interests and has published five major reports: *Truancy and School Exclusion* (1998), *Rough Sleeping* (1998), *Teenage*

Pregnancy (1999), *Bridging the Gap: New opportunities for 16-18 year olds not in education, employment or training* (1999) and *Bringing Britain Together: A national strategy for neighbourhood renewal* (1999).

The National Neighbourhood Renewal Strategy has been a central focus of the work of the Social Inclusion Unit and its partners almost from the outset. When the SEU was established, Prime Minister Blair asked for a report on "how to develop integrated and sustainable approaches to the problems of the worst housing estates, including crime, drugs, unemployment, community breakdown and bad schools, etc."
In September 1998, the SEU proposed that a strategy was needed to

> bridge the gap between the most deprived neighbourhoods and the rest of England; and in all the worst neighbourhoods, to achieve lower long-term worklessness; less crime; better health; and better educational qualifications.[38]

In order to achieve its goals, the SEU has established 18 Policy Action Teams (PATs) to work on specific problems ranging from jobs and skills to arts and sports.[39] Membership in the PATs cuts across departmental lines and also draws on the expertise of people outside government. Each PAT also has a Ministerial Champion, ensuring that the Cabinet is closely involved with the work. All of the PATs have completed their reports, and a final strategy is being developed.[40]

It is still much too soon to evaluate the impact of the National Neighbourhood Renewal Strategy. The SEU claims that the early results of new government policies aimed at tackling health inequalities and addressing employment, literacy rates and crime, are encouraging.[41] The UK government has committed itself to spending a "generous proportion of mainstream resources for health, education, law and order, employment and housing ... in the most deprived neighbourhoods," and has established a new Neighbourhood Renewal Fund for the years 2001 to 2004.[42] Local partnerships will oversee the work in specific neighbourhoods. The significant achievement of the National Neighbourhood Renewal Strategy to this point has been its success in bringing so many different groups together to combat poverty and social exclusion in deprived neighbourhoods.

The SEU has not been entirely without critics. The SEU reviewers and the UK Liaison Committee to the European Anti-Poverty Network both urged the Unit to develop more effective mechanisms with the voluntary sector. The Liaison Committee especially regretted that there are no formal mechanisms for consultation with the poorest people even though some voluntary organizations are actively supporting their participation. Nevertheless, the Liaison Committee reported that there have been welcome changes in policy priorities and in mechanisms for policy coherence, integration and delivery at national and local levels. It particularly welcomed the government's increased openness

to consultation and, at the local level, to the participation of disadvantaged communities in decision-making.[43]

SOCIAL INCLUSION IN SCOTLAND

The Social Inclusion Division of the Scottish Executive is of interest to Atlantic Canada, since it is one of the models investigated by the Newfoundland and Labrador Reference Group on Social and Economic Inclusion, in its work with the Maritime Centre of Excellence for Women's Health.[44] The Social Inclusion Division differs from the UK Social Exclusion Unit in two significant ways. The first is the existence of the broadly representative Scottish Social Inclusion Network (SSIN), appointed in June 1998 to help the government develop its strategy for the promotion of social inclusion, and to help the different sectors involved to coordinate their respective inclusion strategies. The SSIN is comprised of government officials, representatives of key external organizations, and individuals with direct experience of social exclusion.[45] There is also a Minister of Social Inclusion, and a team of civil servants attached to the Office of the Scottish Executive. The second difference is that the SSIN insisted on the use of the more positive term "social inclusion" rather than "social exclusion" to describe the work in Scotland.[46]

The SSIN prepared a consultation paper, *Social Exclusion in Scotland*, before the launch of the Social Inclusion Strategy in March 1999. The Strategy insisted that action to promote social inclusion be both comprehensive and coordinated, and also that it address the full range of issues facing an individual, a family, or a community. One part of the work has been to provide core funding for the Poverty Alliance to promote community participation. With National Lottery funding, the Poverty Alliance is supporting the development of a national "Communities Against Poverty Network" with the primary aim of building a bridge between the Scottish Parliament and representatives of the most deprived communities in Scotland.[47]

While the SSIN oversees inclusion work at the national level in Scotland, there are also more localized Social Inclusion Partnerships (SIPs). *Gossip: The Newsletter for Social Inclusion Partnerships* provides detailed updates on their work in a readable, popular format. In the Spring 2000 issue, a story headlined "Kool Kids in Greater Pollok" described a program developed by the Greater Pollok Social Inclusion Partnership, the Greater Glasgow Health Board and the Culture and Leisure Services Division of Glasgow City Council to help children make healthy choices about food and physical activity. About 80 children from two local schools are involved, and the children themselves named the club "Kool Kids." The program offers the children "an interactive health club" and includes workshops on healthy choices as part of their school work. Health is a major concern of the of the Greater Pollok Social Inclusion Partnership.[48] The East Ayrshire's Coalfield Social Inclusion Partnership is concerned with the economic and social impact of the decline of coalmining in the area. The partnership is involved in

training and employment initiatives, is establishing a youth internet café, and works with an Area Team to coordinate strategic and development issues within the coalfield area.[49] The North Edinburgh Social Inclusion Partnership has brought together 12 artists to produce a Millennium art book and calendar. The themes of the book – rebirth, regeneration and renaissance – refer to housing estates and other topics of interest. The project reflects the belief that "experiencing the arts can develop an individual's sense of cultural identity and gives them a sense of belonging."[50] As these examples suggest, the work of the local SIPs covers a broad range of activities. The common theme is that people are working together to promote social inclusion in their communities.

While the UK Social Exclusion Unit and the Scottish Social Inclusion Division share many common goals and strategies, there are significant differences in their collaboration and consultation mechanisms. The Social Exclusion Unit does not have a body comparable to the Scottish Social Inclusion Network. Its Policy Action Teams (PATs) are focussed on issues or themes rather than localities, and members bring expertise in and experience of the issue to the team. The Scottish SIPs, on the other hand, are area-based, bringing together people involved at the community level. The SIP model seems to offer a more useful model to the diverse communities of Atlantic Canada.

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Before moving on to a more detailed discussion of the potential the concept of social and economic inclusion offers for policy development in Atlantic Canada, it is useful to consider some general points about the experience in Europe. Despite the fact that the policies and programs developed to promote social inclusion vary substantially from one country and one region to another, all are characterized by partnerships: within national (and in the case of the European Union, international) governments, between levels of government, and among all the sectors of civil society. In Europe there has been a remarkable willingness among these groups to work collectively and collaboratively to combat social exclusion. Groups who have never worked together before – or who had stopped working together – have been willing to put aside their cynicism about what is possible and work together. The optimism displayed by the Europeans in committing time and resources to developing inclusive social policy is a hopeful sign for us in Canada.

MAKING THE CASE FOR SOCIAL INCLUSION IN ATLANTIC CANADA

Atlantic Canada has a long history of poverty, regional disparity and underdevelopment. Since the middle of the nineteenth century, continual out-migration has made it more and more difficult for rural communities to sustain essential services.[51] By the late twentieth century, no sector of the region's economy remained untouched. The collapse of the groundfish stocks and the moratorium in the cod fishery have created severe social and economic consequences. In a recent study of women's health in Newfoundland, Barbara Neis and Brenda Grzetic argue that

> There is mounting evidence that ... restructuring is having consequences for the health of some Canadians. From a population health perspective, restructuring poses a risk to health by influencing natural and work environments, employment, incomes, social equality including gender equality, health systems, social programs, the fit between educational levels and educational requirements, and other health determinants.[52]

Coalminers and their families in Cape Breton, Pictou County and Cumberland County in Nova Scotia have faced similar situations as mines have closed and people have lost year-round, well-paid jobs. Problems in the steel industry in Cape Breton have not only led to high rates of joblessness, but have also left a legacy of dangerous environmental degradation. The North American Free Trade Agreement and the trend towards globalization continue to pose challenges to the region's manufacturers. The problems faced by Atlantic Canadians today are not so different from those faced in many parts of Europe a decade ago.

Cutbacks to government funding have been as unpopular in Canada as they were in Europe. Furthermore, they have not addressed the underlying problems. The federal government's decision to replace Unemployment Insurance with Employment Insurance has had a particularly severe impact on seasonal workers in the tourism industry and in resource industries such as agriculture, forestry and the fishery, and has been extremely unpopular in Atlantic Canada. Elimination of the Canada Assistance Plan and its replacement by the Canada Health and Social Transfer (CHST) have led to reductions in provincial income support programs. These reductions have not only increased the suffering of those in need, they have also made it more difficult for recipients of these programs to return to the work force and achieve economic independence.[53]

There is a need for new solutions to the problems in Atlantic Canada and to similar problems in other parts of Canada. The European experience with a social inclusion approach to policy development offers a number of useful lessons. There are lessons to be learned about both social justice and economic efficiency and competitiveness. In

Europe, social and economic inclusion has offered a framework for "thinking out alternatives."

First, as the Europeans remind us, social exclusion is not only personally damaging and socially disruptive. It is also very expensive. Therefore, the language of social investment is being heard more and more often in policy debates in Europe. Policies to combat social exclusion offer the hope of increasing employment opportunities and reducing poverty. When poverty is reduced, income support programs cost less, and the health status of the population improves, reducing health care costs. The European Commission responsible for Employment and Social Affairs recently estimated the cost of social exclusion as somewhere between 12% and 20% of the Union's gross domestic product.[54] In the nineteenth century, school promoters often argued that schools were cheaper than jails. In the twenty-first century, we might develop a similar argument, that social and economic inclusion is cheaper than hospitals. One of the first jobs we face is to raise public awareness of the high cost of poverty and social exclusion.

The second lesson is the importance of building collaborative, cross-sectoral alliances and partnerships for effecting meaningful change. In Europe, these partnerships have ensured that social and economic inclusion policies are inclusive and well suited to local conditions. The strongest evidence of the attraction of this approach is the variety of groups that have shown a willingness to participate in the policy partnerships. Support has come from politicians, civil servants, academics, trade unions, anti-poverty networks, and community-based voluntary organizations. The politicians and public service of many of the member states of the European Union, including the examples of France and the United Kingdom discussed in this paper, have adopted policies and programs explicitly designed to combat social and economic exclusion. The commitment and leadership of British Prime Minister Tony Blair to the work of the Social Exclusion Unit has been a major ingredient in its success but so, too, has been the enthusiasm of the brightest and most ambitious members of the British civil service.[55] The Scottish Social Inclusion Network, composed of representatives from all levels and many departments of government, voluntary organizations, education, unions and business, offers an especially useful model. Business and employers' organizations and labour unions have also expressed their commitment to the work. The ILO, after conducting extensive research on the concept of social and economic inclusion, recommended social exclusion as a useful framework at the United Nations World Summit for Development in Copenhagen in 1995.[56] Social exclusion, as a concept, has also found support among academics working with the ILO, and within organizations such as Northern Ireland's Democratic Dialogue, an independent think tank working on the difficult social and political issues associated with the peace process.

Another important dimension of social and economic exclusion as an analytic concept and policy framework, is its adaptability to different cultural and political traditions. Evidence from the European Union, the United Kingdom, and ILO research in developing

countries, demonstrates that the concept can be usefully applied in a wide variety of cultural contexts. The processes that produce exclusion vary substantially from one country to another, as do the policies and programs needed to address exclusion. Local partnerships are the key element in developing policies and programs designed to combat social exclusion. The international evidence suggests strongly that social exclusion can usefully be adapted to the Canadian and Atlantic Canadian context.

The language of social inclusion is making some inroads into Canadian policy debates. Through its Population and Public Health Branch, Health Canada has been among the first to adopt a social inclusion approach. Health Canada's commitment to population health places it in a strategic position to bring many groups together to combat social and economic exclusion. It already has extensive experience in building the relationships necessary to promote social and economic inclusion. What is required is a wide-ranging debate about how the concepts can be applied within Health Canada. As noted earlier, the Maritime Centre of Excellence for Women's Health has made social inclusion a central theme of its work, and has been working collaboratively with community groups and the Population and Public Health Branch of Health Canada to raise awareness and develop solutions. In Newfoundland and Labrador, the Premier's Council on Social Development and staff of the Strategic Social Plan Unit have a clear interest in the concepts of social and economic inclusion and are working on a framework for ensuring that inclusion principles help inform work on the Strategic Social Plan at the community, regional and government levels. This work is in the preliminary stages.[57] Other organizations and government departments are following suit. The Applied Research Branch of Human Resources and Development Canada (HRDC) has developed a theme called Prevention of Exclusion and Poverty Reduction that focusses on the poor, recipients of social assistance, lone parents and disadvantaged neighbourhoods, and on their potential for increased labour market integration and improved labour market outcomes. A key word search for social inclusion on government Web sites brings a plethora of other examples.

Social inclusion has been a central concept for the development of social policy in Europe for over a decade, and it is certainly earning support and respect in Canada and Atlantic Canada. It offers a fresh way of bringing new ideas and new people to the social policy process. It has won the support of a wide range of governments and organizations, led to the adoption of effective new programs in Europe, and proven itself adaptable to a variety of cultural contexts. The next step in Canada, and in Atlantic Canada, is to bring effective leadership to the process. Health Canada and its Population and Public Health Branch are in an excellent position to take up that challenge.

CONCLUSION

The new political discourse of social inclusion has provided Europe with a policy framework that unites economic and social renewal. Widespread concern about the social and economic costs of exclusion broke through the policy logjam of the 1970s and opened the way for new partnerships in the wake of the collapse of the post-World War II consensus about the welfare state. The European Union and its member states have entered the twenty-first century with a revitalized economy and a strengthened commitment to developing social policies to combat poverty and social exclusion. In Canada and in Atlantic Canada, we are living with the consequences of economic restructuring in the coal and steel industries and the fishery, and adapting to the implications of globalization. We are facing these problems in a social policy context of fiscal restraint where national programs to address regional disparity have been eroded. What, then, can we learn from the European experience?

The first lesson is the need to raise the public profile of the costs and problems associated with poverty and social exclusion, including the very high costs associated with poor health. As Ron Colman has argued, ill health is the outcome of social and economic exclusion.[58] In Europe, Poverty 3 did a lot to raise awareness of both the problem of social exclusion and the need for a combination of national and local action to address it. The establishment of the Social Exclusion Unit in the United Kingdom, under the personal leadership of Prime Minister Tony Blair, both reflected and contributed to the sense of urgency about tackling social problems as part of the process of economic renewal. The same can be said for the World Bank's adoption of a social and economic inclusion approach in *World Development Report 2000/2001: Attacking Poverty*, published in the fall of 2000. International attention has been focussed on the problems of poverty and social exclusion. Policies to promote social and economic inclusion are now widely understood to be the solution.

An equally important lesson is the need for broad alliances and partnerships. After World War II, governments, the private sector and labour agreed that economic prosperity and social cohesion depended on the creation of a system of social insurance to protect workers and their families from poverty and ill health. By the mid-1970s the social insurance systems they created were unable to cope with the crises wrought by globalization, structural unemployment, changes in family structure, and an aging population. The concept of social and economic inclusion offered a new way of thinking about the problems of economic development and social policy, and brought an even more diverse range of participants back to the table.

This paper has provided many examples of government commitment to the social inclusion process, from the British Social Inclusion Unit to local housing authorities. The ILO has endorsed social inclusion in a number of national and international forums as a way of addressing the needs of its own members and those of the wider community.

Community organizations and non-governmental organizations are new participants in the policy process; their participation has been strongly encouraged by the European Commission responsible for Employment and Social Affairs and warmly welcomed by community-based organizations such as the UK Anti-Poverty Network. The private sector has been involved in local partnerships, and once again the significance of the World Bank's endorsement of the concept in *Attacking Poverty* must be noted. Poverty, inequality and social exclusion create a very poor climate for economic growth. In very concrete terms, the Scottish Social Inclusion Network, which not only includes representatives from many sectors but also provides special funding to support the participation of low-income groups, offers a valuable model. Indeed, it is precisely this reliance on local partnerships that has made the social and economic inclusion approach so adaptable across different cultural settings.

The challenge now is to find ways to adapt the approach to Canadian and Atlantic Canadian circumstances and traditions. It will be necessary to develop mechanisms and processes to bring together all levels of government, community groups, labour and the private sector to work collectively and collaboratively to develop healthy social policy to combat social exclusion and to promote social inclusion. The social and economic inclusion approach has challenged Europe to develop innovative and effective new policies and infused new energy and optimism into the process. Health Canada's commitment to population health places it in a strategic position to offer valuable leadership in developing healthy social policy to promote social and economic inclusion. Health Canada, and especially its Population and Public Health Branch, has extensive experience in building the relationships necessary to realize the potential of this approach. It is well placed to take up the challenge in Canada.

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APPENDIX

ANNOTATED BIBLIOGRAPHY

BIBLIOGRAPHIC NOTE

This annotated bibliography contains references to primary documents produced by government and non-governmental agencies, and secondary sources in the form of scholarly books and articles. I have separated the documents consulted into these two categories, and note that the majority are in the primary document category – including, for example, documents produced by the governments of Canada and the United Kingdom, the European Union and the International Labour Organization.

Governments and non-governmental organizations began using "social exclusion" as an analytical tool and policy framework in the late 1980s, and during the 1990s its use gradually became more widespread. The third poverty program of the European Union has made extensive use of the concept. The United Kingdom adopted it in 1997, and has since set up the Social Exclusion Unit and similar regional bodies in Scotland and Northern Ireland. Because of its short history, the concept of social exclusion has not yet been thoroughly analysed by scholars. A number of collections of scholarly essays are scheduled for publication in 2000; it is hoped that they will be available in time for inclusion in the final report.

Some documents ordered through interlibrary loan have not yet been received, including a history of the welfare state in France by John S. Amber cited in a number of other sources.

I would like to express my appreciation for the excellent support I received from Doug Vaisey, Reference Librarian at the Patrick Power Library at St. Mary's University, Halifax, not only in finding references to the appropriate primary and secondary documents, but also for his help in providing invaluable resources through the European newspaper databases available at the library.

PRIMARY SOURCES

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This article provides a good, quick overview of changes in welfare policy in Europe between 1985 and 1995. It argues that "contrary to popular belief, most European governments are not ladling out money on welfare," and notes that Germany, Belgium and Ireland have cut social spending as a share of GDP since 1985. France, Holland and Finland have held spending steady. At the same time, most countries have redefined and tightened eligibility for unemployment allowances, old age pensions and child benefits.

Combat Poverty Agency Web site. http://www.language.ie/langid3.html
The Combat Poverty Agency is a state-sponsored body established by the Government of Ireland under the Combat Poverty Agency Act (1986). The agency advises government on economic and social policy in relation to poverty, supports demonstration projects, and acts as a national community-development resources centre.

Democratic Dialogue, *Social Exclusion, Social Inclusion*, 1995.
http://cain.ulst.ac.uk/dd/report/2/report2a.htm
This long, multi-authored document – a collection of essays about social exclusion and social inclusion, written from a variety of perspectives – is a publication of Democratic Dialogue, "Northern Ireland's First Think Tank," a non-profit society. In the introduction, author Robin Wilson says the report was produced because Democratic Dialogue believes social reform is a necessary part of the peace process, and because the theme of social exclusion "has been rendered topical by the 300 million European currency unit (ecu) European Union 'peace package' for Northern Ireland and the border counties, in which it figures prominently."

While the document as a whole is useful, the essay by Hilary Silver, discussed in more detail below, is the most useful part of the document from the perspective of social inclusion research. The contributions by Anne Marie Gray and Deirdre Heenan ("The exclusion of women's voices") and Paula Kilbane ("Partners in health?") are also valuable.

Silver, a United States-based sociologist, wrote an overview for the report called "The International Experience in Tackling Long-term Unemployment – or How Not to Reinvent the Wheel: Fighting social exclusion." In it she argues that the concept can be useful in Northern Ireland, which has experienced a particularly long and violent period of social conflict. She also provides an overview of the social exclusion work of the European Community and the European Union (EU), especially the third poverty program, and the role of the European Social Fund in helping member states pay for work aimed at combatting long-term unemployment and exclusion from the labour market. A 1994 EU white paper on European social policy called for "a package of measures which

form a pathway of reintegration" by ensuring youth have the skills and opportunity to work, and by helping the work force adjust to structural change through continuing training. The white paper also advocated decentralized management, better coordination within government, and a broadening of social partnerships to include non-governmental organizations and community bodies. Silver then provides a long discussion of the nature of unemployment in the late twentieth century and the approaches taken by a number of European countries, including the United Kingdom, Sweden, the Netherlands, France, Italy and Germany. Silver argues that the EU is trying to widen the concept of work to include the "social economy," intermediate associations and the informal economy, in order to assist those in marginal positions to re-enter the formal labour market. Poverty 3 projects concentrated on decentralized, small-scale production by local organizations, emphasizing the social economy. She includes a discussion of women workers, whom she argues pose a more difficult problem when it comes to fighting unemployment. She also includes a very useful and interesting discussion of the issue of deciding who shall represent the excluded themselves, pointing out that national and EU "insertion" programs have all suffered from insufficient participation by the target population, and that once the disadvantaged join organizations, they are no longer, in a strict sense, excluded. Silver further comments that NGO representation "creams off" those with more social capital.

Duffy, Katherine, *United Kingdom National Report*, presented on behalf of the European Anti-Poverty Network UK Liaison Group, to the European Anti-Poverty Network Conference on National and European Policies to Combat Poverty and Social Exclusion, Helsinki, November 8-9, 1999.
http://www.eapnengland.org.uk/KDRepSep99.htm
This comprehensive report of changes in social development policy in the United Kingdom since the election of the Labour government in 1997 was written from the perspective of anti-poverty activists. Duffy argues that the term social exclusion "has come to have a rather restricted meaning in the UK, and there is not much evidence of a 'continental' approach to social policy and social inclusion, in the French sense, nor to a north European approach to universal protection from poverty in the Scandinavian sense." She further argues that four main factors have been put forward to government as the causes of poverty and social exclusion, each of which she elaborates upon at some length: a failure of values; inequality; major economic and social change; and a failure of policy design and implementation. She goes on to describe the measures the government has adopted to combat social exclusion, and to offer an assessment. Her primary criticism is that there are no formal mechanisms for consultation with the poorest people. While Duffy is critical of some of the processes adopted under the social exclusion approach, she also notes that there are "welcome changes in policy priorities and in mechanisms for policy coherence, integration and delivery at the national and local level. There is a particularly welcome increase in the government's openness to consultation, and at the local level, to disadvantaged communities' participation in decision-making."

This document is of particular value to social inclusion research because it is the only systematic assessment of work in the United Kingdom on social exclusion written from the perspective of community anti-poverty activists.

THE EUROPEAN UNION

The European Union: Information Resources.
http://www.eurunion.org/infores/resguide.htm
This site provides a fairly simple entry into the work on all aspects of the European Union and therefore has been of considerable value to social inclusion research.

European Commission, *Special Report No 15/98 on the assessment of Structural Fund intervention for the 1989-1993 and 1994-1999 periods together with the Commission's replies.*
http://www.europa.eu.int/eur-lex/en/lif/dat/1998/en_398Y1116_01.html
This report provides considerable information about the way the Structural Funds operate and in some cases information about specific projects. Its main value for social inclusion research is the general background it provides about programs in the United Kingdom.

"A Bridge between Europe and Civil Society," *Eur-op News*, 2/99.
http://www.eur-op.eu.int/opnews/299/en/front.htm
This article discusses and describes the European Economic and Social Committee (ESC), a forum representing the various streams of economic life within the institutional framework established by the treaties. The ESC is a consultative body set up by the 1957 Treaty of Rome. Because this article provides a history of the ESC and its changing status as a result of the Treaty of Maastricht (1993) and the Treaty of Amsterdam (1997), it is very useful for social inclusion research.

Commission of the European Communities, *EC News*, available through the Eurocom library of the Lexis-Nexis database.
A search of this database under the keywords social inclusion, social exclusion, social integration and social policy provided 92 documents, most of them press releases and speeches by EU Commissioners responsible for Employment and Social Affairs between 1993 and April 2000. These items were the starting point of my research and allowed me to piece together an overview of the EU's approach to social exclusion through most of the 1990s.

HEALTH CANADA

Lalonde, Marc, *A New Perspective on the Health of Canadians: A Working Document*, Health and Welfare Canada, Ottawa, 1974.
In this pioneering document Marc Lalonde introduces the "health field" approach to public health, and lays the groundwork for the evolution to a greater emphasis in

Canada's health policy on factors that result in increased well-being for the population.

Health Canada, *Towards a Common Understanding: Clarifying the Core Concepts of Population Health: A Discussion Paper*, The Conceptual Framework Subgroup on Population Health Strategy, Health Canada, Ottawa, December 1996.
The purpose of this paper is to promote a common understanding of population health and to describe how a population health approach will guide future program and policy development within Health Canada. The introduction to the paper provides historical background and a discussion of the evolution of the approach. The second chapter discusses and defines the "core concepts of the population health approach," and the third chapter addresses the policy implications. The paper concludes that because all public policy has some effect on the health of the population, intersectoral collaboration and joint actions among health and other groups will require a new emphasis. Five appendices further develop the concept.

Health Canada, *Taking Action on Population Health. A Position Paper for Health Promotion and Programs Branch Staff*, Health Canada, Ottawa, 1998.
This brief paper provides an overview of the concept of population health as it has evolved within Health Canada, and explains the role of the Health Promotion and Programs Branch as the "department lead for the Promotion of the Population Health Business Line which cuts across all Branches and therefore all sectors." This document allows connections to made between the collaborative approaches integral to the social inclusion approach and the population health work of Health Canada.

HUMAN RESOURCES DEVELOPMENT CANADA

Human Resources Development Canada, Applied Research Branch, Prevention of Exclusion and Poverty Reduction Web site,
http://www.hrdc-drhc.gc.ca/arb/publications/research/exclusion.shtml
This Web site lists 37 publications that address "the concern that significant populations are increasingly excluded from participation in mainstream society." This theme of the Applied Research Branch focusses on the poor, recipients of social assistance, lone parents and disadvantaged neighbourhoods, and on their potential for increased labour market integration and improved labour market outcomes. The value of the Web site for social inclusion research is as an example of the way in which the concept is being used within one branch of the Canadian federal government.

INTERNATIONAL LABOUR ORGANIZATION (ILO)

Gore, Charles, José B. Figueiredo and Gerry Rodgers, *Social Exclusion and Anti-Poverty Strategy*, International Institute for Labour Studies, International Labour Organization, Geneva, 1996.
http://www.ilo.org.public/english/bureau/inst/papers/synth/socex/intro.htm
This publication is a report of research undertaken by the International Institute for Labour Studies of the ILO. It provides a synthesis of the outcomes from conceptual work, the empirical evidence of case studies, and an initial identification of the policy implications for social inclusion. The publication is useful for social inclusion research because it includes case studies from developing countries and because it is produced by the ILO and thus brings the perspective of organized labour to the concepts of social exclusion and social inclusion.

Rodgers, Gerry, Charles Gore and José B. Figueiredo, eds., *Social Exclusion: Rhetoric, Reality, Responses. A Contribution to the World Summit for Social Development*, International Institute for Labour Studies, International Labour Organization, Geneva, 1995.
This book supercedes the ILO social exclusion document posted to the Web described in the preceding entry. It offers a much more polished and sophisticated discussion of the ILO's position on social exclusion; an excellent introduction, "Markets, citizenship and social exclusion," by Charles Gore; contributions from José Figueiredo and Gerry Rodgers; and a series of essays on the ILO research. The most useful of the essays is "The design of policy against exclusion," by Gerry Rogers, which traces the development of social exclusion policy in France and the European Union. The collection also has another version – a very good one – of Hilary Silver's work on the concept of social exclusion, titled "Reconceptualizing social disadvantage: Three paradigms of social exclusion."

MARITIME CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH
Papers for the Social Inclusion Project:

Schneider, Ruth, *Health and Social Policy are Everyone's Business: Collaboration and Social Inclusion in Nova Scotia and Prince Edward Island*, Policy Discussion Series Paper No. 5, Maritime Centre of Excellence for Women's Health, Halifax, 2000.
This paper begins from the position that socially excluded people are vulnerable to a loss of self-esteem and suffer a disintegrating sense of well-being and ill health. It asks how policy makers can create policies that ensure social inclusion, and how those who often have no voice can be included in the design and implementation of social and economic policies. The paper proposes collaboration, defined as a strategy for an inclusive policy process, as a valuable approach. After discussing the problems of social and economic exclusion, poverty, inequality and the costs of social exclusion, the paper makes the case

for collaboration through a brief theoretical discussion followed by eight case studies of successful collaborations in Nova Scotia and Prince Edward Island.

Simpson, Mary, *Social Investment: It's Time to Invest in New Brunswick's Children, Families and Communities*, Policy Discussion Series Paper No. 4, Maritime Centre of Excellence for Women's Health, Halifax, 1999.
The New Brunswick paper argues that wise government spending is an investment, and that investing in children and families will pay future dividends. The paper discusses the worsening social and economic conditions in New Brunswick and Canada as a whole, and the failure of governments to address the problem. The non-profit sector, meanwhile, is "weary, disheartened," and families are "worried, excluded." The paper argues that when society does not invest in healthy social policy, costs rise in areas such as crime and violence. The paper introduces a wide variety of strategies to reduce poverty.

Williams, Susan, *Social Inclusion: On the Path to Social Development in Newfoundland and Labrador*, Policy Discussion Series Paper No. 6, Maritime Centre of Excellence for Women's Health, Halifax, 2000.
This paper addresses the challenges of Newfoundland and Labrador's Strategic Social Plan (SSP), which was released in 1998 and adopted in the context of profound changes created by the cod moratorium, the economic recession, and the restructuring of health, education and social support programs. The paper introduces the four goals of the SSP and describes the history of the planning process that developed it. It then goes on to address the need for social inclusion and participation in the implementation of the SSP. A number of possible models are discussed, including Scotland's social inclusion program. The paper concludes with eight recommendations to support social inclusion in the implementation of the SSP.

MINISTRY OF HEALTH AND SOCIAL SERVICES OF THE GOVERNMENT OF QUEBEC

Martin, Richard and Pierre H. Tremblay, Directors, *The New Public Health. Jean Pierre Deschamps on Poverty and Health*, Ministry of Health and Social Services, Quebec, 1997, video.
Jean Pierre Deschamps, of the Public Health School, Nantes, France, is interviewed about how poverty impacts on health, and on the role of public health and health promotion in fighting poverty.

From the perspective of social inclusion research, it is useful to note that Deschamps makes frequent reference to social exclusion. He notes, for example, that poor health leads to poverty and exclusion, and that the health care system in France makes exclusion even worse. He also notes that within the health promotion framework adopted in France in 1982, there has been a tendency to blame victims for bad living conditions, which in turn promotes social exclusion. He argues that broader policies regarding housing and

education are needed to address the problem.

UNITED KINGDOM

***Our Healthier Nation: A Contract for Health*, Green paper, 1998.**
The paper sets out the British government's proposals for concerted action by the government, in partnership with local organizations, to improve people's living conditions and health. It puts forward specific targets for tackling some of the major killer diseases and proposals for local action, and invites comments from the public (a questionnaire is appended to the report). The paper argues that there is "an overwhelming personal, social and economic case, based on common sense, for improving our health." It identifies four priority areas for action: heart diseases and stroke, accidents, cancer and mental health. In considering the factors that contribute to health, the paper considers social exclusion along with other social and economic factors, as well as the environment, lifestyle and access to high-quality services.

Social Exclusion-Inclusion Programmes

Below I discuss a number of the publications of the British Social Exclusion Unit, which was established in 1997 and reports directly to Prime Minister Tony Blair. The documents can be accessed on the Internet at http://www.cabinet-office.gov.uk/seu I have also included relevant documents produced by the Scottish Social Inclusion Unit and by Northern Ireland's New Tackling Social Need (New TSN) under this heading.

Social Exclusion Unit

Social Exclusion Unit, *The Social Exclusion Unit Leaflet*, March 2000, http://www.cabinet-office.gov.uk/seu
This brief pamphlet provides a very good overview of the work and composition of the SEU in clear, simple language. It includes a definition of social exclusion, a description of the work of the Unit, a report of the issues on which it has worked over its first two years, and lists of various groups and individuals who work with the Unit.

Social Exclusion Unit, *Our Published Reports*, http://www.cabinet-office.gov.uk/seu/index/publishe.htm
A list of publications produced by the Social Exclusion Unit and where to obtain them.

Social Exclusion Unit, *Opportunity for all – Tackling Poverty and Social Exclusion* http://www.dss.gov.uk/hq/pubs/poverty/main/foreword.htm
This is the major document outlining the proposed work of the Social Exclusion Unit. It is long and comprehensive. It provides an overview of poverty and social exclusion in the UK and outlines the new approach that the Labour government plans to take, which includes partnership, devolution of political and administrative power, and action across

the country. The paper outlines priority policies for children and young people, people of working age, older people and communities. As part of its overall approach, the document acknowledges that poverty and social exclusion are complex, multidimensional problems. Solutions lie in tackling the causes of poverty, creating a fairer society, and investing in individuals and communities to equip them to take control of their lives. The report also proposes "long-term, flexible and joined-up solutions to tackle the problems." This is a useful publication for social inclusion research because it is the primary document of the British social exclusion initiative.

Social Exclusion Unit, *Review of the Social Exclusion Unit*, December 1999, http://www.cabinet-office.gov.uk/seu/

Conducted by a small group of key stakeholders from inside and outside government, the review provides a very detailed overview of the work of the SEU, and evaluates the first two years of the Unit's work. It concludes that the SEU has been a success and should continue until 2002 at least. The quality of analysis in the Unit's reports received particularly favourable comment: "their recommendations have been accepted as sound and are being implemented; and the Unit has also had a broader impact on raising the profile of social exclusion and pioneering a new way of working," despite the fact that Unit "has been overstretched" and needs more resources. Section 2 of the review, "Key Facts," provides a detailed history of the work of the Unit. The discussion of the Unit's perceived weaknesses is especially interesting, including the high degree of cynicism about the will and ability of departments to deliver on commitments made in SEU reports, and the fact that the Unit tends to rely unduly on the best and the brightest – young Turks in departments, leading social entrepreneurs – without really reaching beyond them to move the majority. The Unit is also urged to do more to involve more closely in their consultations both people working at the "grass roots" level and those who themselves might be described as "socially excluded."

Social Exclusion Unit, *National Strategy for Neighbourhood Renewal: A Framework for Consultation*, 2000.

The Strategy for Neighbourhood Renewal was the major project of the Social Exclusion Unit (SEU) for the summer of 2000. This was an ambitious program involving hundreds of people from inside and outside government, working on issues as varied as better management of housing estates, dealing with anti-social behaviour, and ensuring that investment leads to jobs that last.

Northern Ireland, New Targetting Social Need

Northern Ireland, Central Community Relations Unit, *New TSN: an Agenda for Targetting Social Need and Social Exclusion in Northern Ireland*, Central Community Relations Unit, 1998.

The New Targetting Social Need (NewTSN), announced in 1998, forms part of the government's wider agenda for "making Northern Ireland a more fair, just and prosperous

society." New TSN represents a reworking of the earlier Targetting Social Need, which was introduced in 1991, and is designed to have a particular focus on combatting problems of unemployment and on increasing employability. New TSN also aims to tackle inequalities in other areas such as health, education and housing and will include Promoting Social Inclusion (PSI), a coordinated approach to tackling the causes of social exclusion.

Social Inclusion in Scotland

Scottish Social Inclusion Network, *Social Exclusion in Scotland: A Consultation Paper*, February 1998. http://www.scotland.gov.uk/library/documents1/socexcl.htm
This brief paper provides a good overview of the origins and organizational framework of social exclusion work in Scotland. It defines what social exclusion means in the context of Scotland, emphasizing that "social exclusion is taken to mean more than material lack of income," and stresses the need to involve a broad range of governments, agencies and groups in the process of addressing the problem. It also outlines the key policy initiatives designed to target many of the aspects of social exclusion, including The New Deal (to address unemployment), Programme for Partnership (regeneration partnerships for the most deprived urban communities), Inequalities in Health, Tackling Exclusion from Education, Community Safety, Scotland's Housing, Childcare Strategy and Integrated Transport Policy.

Scottish Social Inclusion Division, *Social Inclusion: The Social Inclusion Strategy and companion documents*, 1999.
http://www.scotland.gov.uk/inclusion/ssin-docs.htm
This collection of documents relates to the Scottish Secretary of State's launch of the *Social Inclusion Strategy* and its companion document *Social Inclusion – Opening the Door to a Better Scotland.* The Social Inclusion Strategy has been developed and endorsed by the Scottish Social Inclusion Network, a wide-ranging group including government officials, representatives of CoSLA, the STUC, the CBI, Scottish Homes, Scottish Enterprise, SCVO, the Equal Opportunities Commission, Rural Forum and the Poverty Alliance, and individuals with direct experience of tackling social exclusion, including community representatives.

Scottish Social Inclusion Division, *Social Inclusion – Opening the Door to a Better Scotland*, 1999.
This long, comprehensive document has nine chapters, including an introduction and conclusion, and two appendices: "A. Membership of the Scottish Social Inclusion Network," and "B. Relevant Publications." From the perspective of Health Canada's social inclusion research, this document is both relevant and useful because it provides a working definition of the concept, applies it analytically to local conditions in Scotland, and discusses strategies for action based on the concept of social inclusion. The membership list of the Scottish Social Inclusion Network provides considerable insight

into how collaborative groups could be organized. The list of relevant publications is also helpful. Many of the documents listed are available online from the Scottish Inclusion Office.

Scottish Social Inclusion Division, *Social Inclusion – Opening the Door to a Better Scotland: Strategy*, 1999.

This document sets out a framework for the further development of social inclusion policy in Scotland. After a discussion of the forms social exclusion can take and the groups of people already at work on the problems in Scotland, it argues that "there is a need ... for all those who have a contribution to make to promoting social inclusion Scotland to come together, to agree action and to develop new ideas." The document then offers "The Vision" of the government and the Scottish Social Inclusion Network and the actions necessary to achieve this vision. It also identifies the three areas for priority attention: excluded young people, inclusive communities, and the impact of local anti-poverty action. The Network was assigned the job of developing an "Inclusion Plan" by December 31, 1999.

***Working Together for a Healthier Scotland*, Green paper, Scottish Office, February 1998.**

http://www.scotland.gov.uk/library/documents1/contents.htm

This document, part of the overall planning for Scotland's Social Inclusion Programme, is a lengthy report intended to outline the government's plans for action and to elicit public response. The paper argues that "[t]rue public health policies are embedded in action to improve our quality of life and protect our environment, to tackle social exclusion, in improving housing and educational achievement, in addressing poverty and unemployment and in the restructuring of the National Health Service as a public health organisation." Chapter 1 argues for a fresh approach to public health, an approach that addresses the root causes of health problems. Chapter 2 provides an overview of the status of health in Scotland – which the report argues is worse than that of many other countries – under headings such as coronary heart disease, cancer, stroke, mental health, dental and oral health, communicable diseases, accidents and safety, teenage pregnancy, and well-being and fitness. It also addresses inequalities in health and identifies priority health topics. Chapter 3 discusses "Influences on Scotland's Health," including life circumstances, lifestyle and inequalities. This was the chapter in which we might have expected the most attention to the concept of social exclusion, but that language is not used. Instead, the emphasis seems to be on issues of individual lifestyle, reminiscent of Lalonde's *A New Perspective on the Health of Canadians.* Chapter 4 discusses the government's approach to achieving the goal of a healthier Scotland, and provides brief case studies of effective community-based health strategies. Chapter 5 outlines roles, responsibilities and action for the public, for communities and for the central government. Chapter 6 outlines indicators, targets, monitoring and research.

Scottish Social Inclusion Division, *Social Inclusion Area Strategies: Role of European Structural Funds*, March 2000. http://www.scotland.uk/library2/doc14/sias-00.asp
This document explains the role of European Union funds in Scottish social inclusion work. The European Regional Development Fund (ERDF) provides support for the promotion of economic and social cohesion, particularly relating to the creation and safeguarding of sustainable jobs, investment in infrastructure and support for local development and employment initiatives, and activities of small and medium-size enterprises. In summer 1999 the European Union approved the framework for new programs for the period 2000-2006, and plans are being prepared for implementation of these programs in five areas of Scotland. Social justice issues will figure largely in all of the new projects. Section 8, "Role of European Partnerships," is especially useful because it explains how the Structural Fund programs work. The European Union insists that partnerships be established in the program areas to bring together the main funding partners and other relevant bodies.

The particular value of this document is that it provides information about how the European Union's commitment to addressing social exclusion in shaping local policy.

WORLD HEALTH ORGANIZATION

Dalhgren, Göran and Margaret Whitehead, *Policies and Strategies to Promote Equity in Health*, World Health Organization – Regional Office for Europe, Copenhagen, n.d.
This document is a follow-up to Margaret Whitehead, "The Concepts and Principles of Equity and Health," which was prepared for the Programme on Equity in Health at the World Health Organization's Regional Office for Europe. The document specifically addresses Target 1 of that program: "By the year 2000, the differences in health status between countries and between groups within countries should be reduced by at least 25%, by improving the health of disadvantaged nations and groups." Part 1, "Policy Framework," addresses factors contributing to poor health that are both avoidable and unacceptable. It discusses the obstacles to achieving Target 1, noting that some countries in Europe reported increases in the problem in the 1970s and 1980s despite improvements in the health of the population as a whole. It further argues that there is an urgent need for renewed efforts and the adoption of fresh approaches. Part 2, "Options and Initiatives," the longer section of the report, addresses several of the factors identified in Part 1, addressing the nature of the problem, policy implications, and strategies in action. The factors discussed include low income, unhealthy living conditions, working conditions, unemployment, personal lifestyle factors, and restricted access to health care. Part 2 ends with a discussion of the crucial role of education in achieving Target 1.

Although this book does not use the language of social inclusion, the emphasis placed on low income, unemployment and poor housing as crucial factors in health suggests a number of common approaches with the social inclusion approach. The book is useful

for its discussion of the nature of these problems, and especially for its discussion of policy implications for the examples of policies addressing each of these problems in various European countries.

World Health Organization, Health and Welfare Canada and Canadian Public Health Association, *Ottawa Charter for Health Promotion*, Canadian Public Health Association, Ottawa, 1986.

The *Ottawa Charter* was adopted by the first International Conference on Health Promotion, which met in Ottawa in November 1986. It provides a brief definition of the concept of health promotion and discusses health promotion action. The commitments undertaken in the *Ottawa Charter* were amongst the most important stepping-off points for social inclusion research.

Zöllner, H. and S. Lessof, *Population Health: Putting Concepts into Action. Final Report*, World Health Organization – Regional Office for Europe, Copenhagen, August 1998.

http://www.hc.sc.gc.ca/hppb/phdd/report.html#

This document provides a definition of population health and argues that population health "demonstrates that is not just a question of a difference in absolute levels of wealth or power giving rise to differences in health status. Rather (and critically) the differences or inequalities themselves impact on health and well-being." The authors argue further that investment in the health care system alone cannot provide people with health and well-being, and that socioeconomic policies which address inequality are the most effective response to the inequalities that impact on health. The paper then provides a brief history of the evolution of thinking about population health, and provides a set of value principles and action principles to make health a responsibility to be shared by all sectors. The next several sections of the paper are strategic and action-oriented. They recommend investing for future improvements; building international networks at the government and institutional level and also at the community level; and pursuing additional evidence for fostering equity between socioeconomic and age groups and across gender through policy measures.

This document, which clearly identifies the ways in which the population health approach fits well with the concept of social exclusion, is particularly useful in the context of social inclusion research.

SECONDARY SOURCES

Ambler, John S, ed., *The French Welfare State: Surviving Social and Ideological Change*, New York University Press, New York, 1991.
This book grew out of a 1988 symposium on the impact of partisan ideology on French social policy. John Ambler's introduction, "Ideas, Interests, and the French Welfare State," is the most useful chapter in the book as it provides a very good overview of the development of French social policy from the 1950s to the late 1980s. Chapter 7, "Democracy and Social Policies: The Example of France," by Bruno Jobert, provides a particularly good discussion of the restructuring of the welfare state in France in the 1970s and 1980s.

Brown, Michael K., ed., *Remaking the Welfare State: Retrenchment and Social Policy in America and Europe*, Temple University Press, Philadelphia, 1988.
This collection of essays by scholars from a variety of disciplines was written as a response to the cuts in funding to social programs that began in Europe and North America in the 1970s. The most useful chapter is Michael Brown's introductory essay, "Remaking the Welfare State: A Comparative Perspective," in which he argues that retrenchment has reshaped the welfare states in Europe and North America by placing more of the burden of unemployment on the unemployed while at the same time maintaining programs which benefit the middle class. This collection offers valuable perspectives that help to explain the impact of retrenchment. It also describes why the idea of social exclusion has offered a new approach for social policy analysts and politicians, especially in Europe.

For the purposes of social inclusion research, George Ross's essay, "The Mitterrand Experiment and the French Welfare State: An Interesting Uninteresting Story," is very helpful. Ross argues that the political climate in France in the 1970s was markedly different from that of most other industrialized countries. Support for the conservative political alliances that governed France from 1958 to 1981 was declining, and the government was therefore unwilling to develop a program of cuts to social programs. The economic crisis of the 1970s and 1980s shifted France to the left. In 1981 François Mitterrand, who headed a coalition of leftist political parties, introduced unusually radical proposals that aimed to benefit lower income groups and stimulate domestic demand for French products.

Colman, Ronald, *Women's Health in Atlantic Canada: A Statistical Portrait*, Maritime Centre of Excellence for Women's Health, Halifax, 2000.
Based on his gender-based statistical analysis of women's health in Atlantic Canada, Colman argues that a health determinants approach is useful, both for improving population health and women's health and for reducing long-term health care costs. Noting that disease treatment is far more costly than investments promoting health and well-being, he claims that the serious budgetary crisis in the Canadian health care system

is provoking a major shift in focus to the determinants of health – the physical, mental and social factors that cause and predict health outcomes. He recommends further research on the interactivity of the determinants of health and on the need for intersectoral collaboration to address the problems of research and policy development. He concludes that "a population approach can provide policy makers with the information to make wise strategic investments in the determinants of health that can improve well-being and save on future disease treatment costs."

Daniels, Norman, Bruce Kennedy and Ichiro Kawachi, "Justice is Good for Our Health. How Greater Economic Equality would Promote Public Health," *Boston Review*, Bottom Dog Press Working Lives Series, n.d.
http://bostonreview.mit.edu/BR25.1/daniels.html
In this article the authors argue that universal access to health care does not necessarily break down the link between social status and health, and that social position and the underlying inequality in society are important social determinants of health. The article then takes a more detailed look at the social determinants of health and their policy implications for health policy and for broader social and economic policy. It is argued that the "trickle-down" approach does not work and that provisions must be made to ensure greater economic equality.

de Haan, Arjan, "Social Exclusion: Towards a Holistic Understanding of Deprivation," paper presented to Villa Borsig Workshop Series 1999: Inclusion, Justice, Poverty Reduction, Deutsche Stiftung für Internationale Entwicklung.
http://www.dse.de/ef/poverty/dehaan.htm
In several respects de Haan's essay is the most useful theoretical and historical overview of social exclusion that I have located to date. The paper provides a history of the term – attributed to René Lenoir, Secretary of State for Social Action in the French government, in a document published in 1974 entitled *Les Exclus : Un Français sur dix* – and discusses the impact of the social exclusion approach on social policy in the European Union and the United Kingdom. De Haan, a Dutch sociologist who has worked with the Poverty Research Unit at the University of Sussex and is currently Social Development Advisor for the United Kingdom Department for International Development, argues that the value of social exclusion as an approach to social policy lies in its focus on the relations and processes that cause deprivation; the fact that it starts from a general idea about the importance of integration in society; and its underlying assumption that exclusion is a multidimensional process – people are often deprived of a number of things at the same time. In these respects overcoming social exclusion goes beyond reducing poverty to the full integration of marginalized peoples in their society. Finally, he argues that social exclusion is a concept which can – and in fact must – be adapted to the conditions and cultures of different societies.

Guest, Dennis, *The Emergence of Social Security in Canada*, 2nd ed., University of British Columbia Press, Vancouver, 1985.
This book is the standard Canadian historical reference book on the emergence of social security in Canada. It provides a brief narrative overview of the development of social policies and programs at the federal level, but also gives some consideration to cost-shared federal-provincial programs. Guest offers few theoretical insights into the process of the development of social security in Canada, but does provide a complete description of political debates and policy and program development.

Harvey, Brian, "Italy's Combat Poverty Agency," http://www.cpa.ie/today7.html
Harvey's brief article provides a brief description of the work of Italy's 10-member Commission on Poverty and Marginalization, created in 1985, which Harvey argues is very similar to Ireland's Combat Poverty Agency. The commissioners – academics and representatives of social partners – are appointed by the prime minister and work under the Department of Social Affairs. Research is the main focus of its work. In 1998, however, the Ministry of Social Solidarity developed a new system of funding the anti-poverty and social exclusion work of non-governmental organizations. The Commission's Web address is http://www.affarisociali.it/servizi/pov

Hills, John, ed., *The State of Welfare: The Welfare State in Britain Since 1974*, Clarendon Press, Oxford, 1990.
This book is a collection of essays produced by members of the Welfare State Programme at the London School of Economics. After a brief introduction, and a good brief summary of "Social Policy [in Britain] since the Second World War," the essays provide a sector-by-sector analysis of the impact of recession and cutbacks on the National Health Service, housing, social security and personal social services. The editor argues in the introduction that "reports of the death of the welfare state have, like Mark Twain's, been greatly exaggerated." Julian Le Grand, author of chapter 8, "The State of Welfare," concludes that public expenditure in these areas increased by over a third in absolute terms from 1973-74 to 1987-88, but notes that growth in spending as a percentage of GDP stopped. More money was spent on the National Health Service, unemployment and, after a period of cuts, on education. The amount spent on public housing fell, reflecting the policy to sell off council housing.

The value of this collection of essays for social inclusion research is largely that it provides a detailed context in which to understand the Labour government's adoption of the concept of social exclusion as a policy approach. It is also interesting to note that it makes an argument similar to that made by the authors of the collection of essays edited by Michael Brown, discussed above..

O'Hara, Patricia, *Action on the Ground: Models of Practice in Rural Development*, Irish Rural Link, Galway City, 1998.
In addition to providing a detailed discussion and analysis of an Irish rural support project

which sought to "counter social exclusion and disadvantage," O'Hara also provides a full and useful discussion of the way in which European social and economic policy and the Structural Funds have influenced Irish rural development policy. Ireland developed new public-private partnerships, and held consultations that led to new alliances between various interests with a specific focus on social inclusion. Chapter 3, "Rural Development: Experiences from Europe," offers a brief historical overview of the European Community's poverty programs, Poverty 1 (1975-1980), Poverty 2 (1985-1989) and Poverty 3 (1989-1994).

The major value of this book for social inclusion research is its focus on rural development, a particular concern in Atlantic Canada.

Pedersen, Susan, *Family, Dependence, and the Origins of the Welfare State: Britain and France 1914-1945,* Cambridge University Press, Cambridge, 1993.
Susan Pedersen's historical monograph traces the development of the important ideological and programmatic differences in the history of welfare programs in Britain and France. Unlike many historians of social welfare policy, she does this with careful attention to gender, considering the impact of welfare policies on women and men as well as the role of women and men in the creation of social policy.

From the perspective of my research, Pedersen's most valuable contribution is her discussion of French policy during the interwar period. French policy, unlike that in Britain, was driven by the pronatalist lobby and made unusually good provision for children. The pronatalists presented children as a national resource, claiming that children should not make families poorer. The pronatalists claims were so successful that communists and feminists also adopted their arguments. Pedersen argues that the French system of family allowances has proven to be a far more effective way to safeguard a decent standard of living than has the British pursuit of the elusive family wage – it has, in fact, worked better for both women and their children. Pedersen also argues convincingly that French welfare provisions have come to rival or surpass those offered by governments conventionally considered more advanced. French spending on social welfare grew steadily from 1960 to 1985, and by 1986 had outstripped German social spending. As a result, French social policy has been attracting increasing attention from scholars of social welfare policy.

Raphael, Dennis, "Health Inequalities in Canada: Current Discourses and Implications for Public Health Action," *Critical Public Health* 10 (2000), pp. 194-216.
In this important article Raphael argues that because the health effects of economic inequality and poverty negatively affect health, new partnerships must be developed between the various sectors concerned with economic inequality. He points out that social justice organizations and public health professionals in government and universities are working independently of one another in closely related areas, and that

action on the agenda dealing with economic inequality, poverty and health requires much closer communication and cooperation. Integral to his argument is his insistence that economic inequality within a society is a determinant of health, and that those working in health promotion will benefit from the research publications of social justice organizations such as the Canadian Centre for Policy Alternatives and the Centre for Social Justice.

Raphael, Dennis, "Health Effects of Economic Inequality," *Canadian Review of Social Policy* (in press).
Raphael argues that economic inequality affects the health of all citizens in a society, and that societies with high levels of economic inequality show "symptoms of disintegration." In addition, economic inequality weakens social cohesion, a determinant of health. Therefore, argues Raphael, economic inequality is a serious threat to the Canadian values of peace, order and good government. In the body of the article the author presents evidence of the impact of poverty on health, and looks at the impact of economic inequality on health. He also provides evidence that health status has been declining in Canada as economic inequality increases. Raphael's essay is useful to social inclusion research because the emphasis on social cohesion in his analysis relates closely to the concepts of inclusion and exclusion.

Raphael, Dennis, "Public Health Response to Health Inequalities," *Canadian Journal of Public Health* 89, November/December 1998, pp. 380-381.
In this essay Raphael argues that provincial public health practice is not paying sufficient attention to the impact of growing inequality on public health. After a consideration of the impact of poverty on health he goes on to argue that inequality affects everybody, not just the poor. He proposes a new public health policy for Canada structured around the "three P's": participation, policy and political action.

Raphael, Dennis, "Poverty, Income and Health in Canada: Prospects and Solutions," paper presented to the all-staff meeting of the Atlantic Regional Office of the Health Promotion and Programs Branch of Health Canada, Halifax, May 3, 2000.
This paper is based on Raphael's argument that inequality leads to a decline in the health of the population as a whole. He further argues that since poverty in Canada is a result of government social and economic policies, it is necessary to focus on public policy to address economic inequality rather than placing the emphasis on individual lifestyles. Attempts to reduce poverty and improve health must be grounded in an approach that recognizes the importance of citizen participation and civic involvement. The paper provides information from Canadian, British and American sources about attempts to reduce poverty, and includes as an appendix, "Determinants of Health: A Progressive Policy Platform," from Milton Terris, *Journal of Public Health Policy* 15, 1994, pp. 5-7.

Schneider, Saundra Kay, "The Evolution of the Modern Welfare State: A Comparative Analysis of the Development of Social Welfare Programs in the United States, Canada, and Western Europe," PhD dissertation, State University of New York at Binghamton, 1980. (A copy is available at St. Mary's University Library, Halifax.)

Schneider's thesis is a detailed and highly theoretical analysis of the reasons for the development of social welfare programs in the United States, Canada and Western Europe. She concludes that political resources and political activities are the most important policy stimulants, and argues that "[t]he degree to which citizens have acquired and exercised a voice in policymaking has determined the initiation and expansion of social welfare programs" – a valuable insight for social inclusion research. The other value this thesis has for social inclusion research is its detailed historical narratives of the development of welfare states in West Germany, Great Britain, Sweden and the United States. These countries are chosen because of their differing historical development, and because they encompass the full range of policy experiences.

Silver, Hilary, "Social Exclusion and Local Citizenship: Community Economic Development in France and the USA."
http://www.userpage.fu-berlin.de/~mayer/mm/d1/silver2.htm

This is a theoretical but nonetheless useful paper, especially because Silver claims elsewhere that the term social exclusion first entered the political discourse in France in 1974. Silver argues that both the United States and France have "reinvented their civic republican traditions" in order to increase and legitimate the role of voluntary associations and the not-for-profit sector in political and policy processes. She uses a study of local development associations – in France often called *enterprises d'insertion* – to explore differences in the political cultures of the two countries. Again, with relevance to the social exclusion/inclusion approach, she notes that local development associations in both countries combine conservative and socialist elements.